



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**COMPLAINT FORM**

OFFICE OF STATEWIDE ELECTRICAL CONTRACTORS  
 P.O. BOX 1335, 3605 MISSOURI BOULEVARD  
 JEFFERSON CITY, MISSOURI 65102-1335  
 TELEPHONE: (573) 522-3280 TTY (800) 735-2966  
 WEBSITE: <https://pr.mo.gov/electricalcontractors.asp>  
 EMAIL: [osec@pr.mo.gov](mailto:osec@pr.mo.gov)

All complaints must be submitted in writing and signed by the complainant. Pursuant to regulation 20 CSR 2117- 4.010 anonymous complaints will not be accepted.

Please be advised that a copy of this complaint may be provided to the subject of the complaint.

Please complete this form and return along with any supporting documentation to:  
 Office of Statewide Electrical Contractors at the address, email or fax information at the top of this form.

**PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION**

COMPLAINANT NAME		TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	EMAIL ADDRESS	

**SUBJECT OF COMPLAINT -  INDIVIDUAL  POLITICAL SUBDIVISION (PROCEED BELOW AS APPROPRIATE)**

**IF AN INDIVIDUAL PLEASE COMPLETE THIS SECTION**

NAME OF LICENSEE/INDIVIDUAL	MO LICENSE NUMBER (IF KNOWN)
ADDRESS (STREET, CITY, STATE, ZIP)	
EMPLOYER NAME (IF KNOWN)	EMPLOYER TELEPHONE NUMBER
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)	

TO YOUR KNOWLEDGE, DOES THE PERSON COMPLAINED AGAINST HOLD A LICENSE AS AN ELECTRICAL CONTRACTOR IN A MISSOURI POLITICAL SUBDIVISION?

YES  NO IF YES, PLEASE COMPLETE BELOW (IF KNOWN)

NAME OF POLITICAL SUBDIVISION	LICENSE NUMBER
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**IF A POLITICAL SUBDIVISION PLEASE COMPLETE THIS SECTION**

NAME OF POLITICAL SUBDIVISION	
ADDRESS OF POLITICAL SUBDIVISION (STREET, CITY, STATE, ZIP)	
POLITICAL SUBDIVISION CONTACT PERSON	TELEPHONE NUMBER (IF KNOWN)

**WITNESS INFORMATION**

WITNESS NAME	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NUMBER

**ADDITIONAL INFORMATION – YOU MAY PROVIDE ADDITIONAL INFORMATION IN COMPLAINT DETAILS**

HAVE YOU CONTACTED THE SUBJECT ABOUT YOUR COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: _____		
HAVE YOU CONTACTED AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS A LAWSUIT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF YOUR PRIVATE ATTORNEY (IF APPLICABLE)	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP)		

**COMPLAINT DETAILS**

Please provide full details of your complaint. Please attach copies of any supporting documents. If additional space is needed, attach additional pages.

Missouri statutes section 575.060, RSMo-False Declarations. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty may be guilty of a Class B misdemeanor pursuant to section 575.060 RSMo.

I certify that the information provided is true and correct to the best of my knowledge and belief.

COMPLAINANT'S SIGNATURE

DATE

ARE THERE ADDITIONAL SHEETS OR OTHER MATERIALS ATTACHED?

YES  NO